



2012

**Behavioral Risk Factor Surveillance System
Questionnaire**

Massachusetts -

January 31, 2011

Behavioral Risk Factor Surveillance System 2012 Questionnaire - Massachusetts

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CATI RANDOMLY ASSIGNED SPLIT

1. Split 1
2. Split 2
3. Split 3

Interviewer's Script

HELLO, I am calling for the **Massachusetts Department of Public Health**. My name is (name) . We are gathering information about the health of **Massachusetts** residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this (phone number) ?

If "No"

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

Is this a private residence in (state) ?

If "Yes" [Go to cellular phone question]

If "No" [Go to college housing]

Interviewer Note: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services.).

College Housing

Do you live in college housing?

Read only if necessary: "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangements provided by a college or university"

If "No,"

Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. **STOP**

Cellular Phone

Is this a cellular telephone?

[Read only if necessary: "By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood."

If "Yes"

Thank you very much, but we are only interviewing land line telephones and private residences or college housing. **STOP**

CATI NOTE: IF (College Housing = Yes) continue; otherwise go to Adult Random Selection

Adult

Are you 18 years of age or older?

- | | | |
|---|----------------------------------|-----------------------|
| 1 | Yes, respondent is male | [Go to Page 6] |
| 2 | Yes, respondent is female | [Go to Page 6] |
| 3 | No | |

If "No",

Thank you very much, but we are only interviewing persons aged 18 or older at this time. **STOP**

Adult Random Selection

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

___ Number of adults

If "1,"

Are you the adult?

If "yes,"

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to page 6.**

If "no,"

Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent" on the next page.**

How many of these adults are men and how many are women?

___ Number of men

___ Number of women

The person in your household that I need to speak with is _____.

If "you," go to page 6



To the correct respondent:

HELLO, I am calling for the **Massachusetts Department of Public Health**. My name is (name) . We are gathering information about the health of **Massachusetts** residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Core Sections

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call **(877) 286-6318**

Section 1: Health Status

1.1 Would you say that in general your health is—

(73)

HLth1

Please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

Or

- 5 Poor

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Section 2: Healthy Days — Health-Related Quality of Life

2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

(74–75)

HLth4

- — Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

2.2

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

HLth5

(76–77)

Number of days
 8 8 None **[If Q2.1 and Q2.2 = 88 (None), go to next section]**
 7 7 Don't know / Not sure
 9 9 Refused

2.3

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

HLth6

(78–79)

Number of days
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

Section 3: Health Care Access

3.1

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?

Hins1

(80)

1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

State-Added 3a: MA Health Care Access [Splits 1, 2, 3]

{CATI: If HLTHPLAN=1, continue; Else go to pre-HINS13}

HINS7

Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare?

Hins7

1 Yes **[Go to PERSDOC2]**
 2 No
 7 Don't know/Not sure
 9 Refused

HINS8A

What type of health care coverage do you use to pay for most of your medical care? Is it coverage through:

Hins8a

Please read

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid, MassHealth, CommonHealth or MassHealth HMOs offered through Neighborhood Health Plan, Fallon Community Health Plan, BMC HealthNet or Network Health
- 09 Commonwealth Care
- 06 The military, CHAMPUS, TriCare or the VA [or CHAMP-VA]
- 07 The Indian Health Service [or the Alaska Native Health Service]

Or

- 08 Some other source

Do not read

- 88 None
- 77 Don't know/Not Sure
- 99 Refused

pre-HINS13 - {All from HINS8A go to PERSDOC2, all else continue}

HINS13

There are some types of coverage that you may not have considered. Please tell me if you have any of the following:

[Please read]

Coverage through:

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid, MassHealth, CommonHealth or MassHealth HMOs offered through Neighborhood Health Plan, Fallon Community Health Plan, BMC HealthNet or Network Health
- 09 Commonwealth Care
- 06 The military, CHAMPUS, TriCare or the VA [or CHAMP-VA]
- 07 The Indian Health Service [or the Alaska Native Health Service]

Or

- 08 Some other source

Do not read

- 88 None
- 77 Don't know/Not Sure
- 99 Refused

Section 3: Health Care Access, Continued

3.2 Do you have one person you think of as your personal doctor or health care provider?

Hins6a

If “No,” ask: “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?”

(81)

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 Refused

3.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

Hins5

(82)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

3.4 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

Chkup1

(83)

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

Section 4: Exercise

4.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

Ex1

(84)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 5: Chronic Health Conditions

Now I would like to ask you some questions about general health conditions.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me “Yes,” “No,” or you’re “Not sure.”

5.1 (Ever told) you that you had a heart attack also called a myocardial infarction? (85)

Cardo3a	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

5.2 (Ever told) you had angina or coronary heart disease? (86)

Cardo3b	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

5.3 (Ever told) you had a stroke? (87)

Cardo3c	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

5.4 (Ever told) you had asthma? (88)

Asthma1a	1	Yes	
	2	No	[Go to Q5.6]
	7	Don't know / Not sure	[Go to Q5.6]
	9	Refused	[Go to Q5.6]

5.5 Do you still have asthma? (89)

Asthma4	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

5.6 (Ever told) you had skin cancer? (90)

CHCSCNCR	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

5.7 (Ever told) you had any other types of cancer?

CHCCOCNCR

(91)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

5.8 (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?

CHCCOPD

(92)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

5.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

Arth15

(93)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

5.10 (Ever told) you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?

Addepev

(94)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

5.11 (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence.

INTERVIEWER NOTE: Incontinence is not being able to control urine flow.

CHCKIDNY

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

(95)

5.12 Do you have any trouble seeing, even when wearing glasses or contact lenses?

CHCVISN1

- 1 Yes
- 2 No
- 3 Not applicable (blind)
- 7 Don't know / Not sure
- 9 Refused

(96)

5.13 (Ever told) you have diabetes?

(97)

diab1

If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"

If respondent says pre-diabetes or borderline diabetes, use response code 4.

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know / Not sure
- 9 Refused

Section 6: Oral Health

6.1 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

Oral1

(98)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

6.2

Oral3

How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

(99)

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
- 7 Don't know / Not sure
- 9 Refused

Section 7: Demographics

7.1

What is your age?

(100-101)

Age

- Code age in years
- 0 7 Don't know / Not sure
- 0 9 Refused

7.2

Are you Hispanic or Latino?

(102)

Hisp

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

7.3

Which one or more of the following would you say is your race?

(103-108)

Mrace1
Mrace2
Mrace3
Mrace4
Mrace5
Mrace6

(Check all that apply)

Please read:

- 1 White
- 2 Black or African American

- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native

Or

- 6 Other [specify]_____

Do not read:

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

CATI note: If more than one response to Q7.3; continue. Otherwise, go to pre-ANCESTRY.

7.4 Which one of these groups would you say best represents your race?

(109)

Orace2

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native

Or

- 6 Other [specify]_____

Do not read:

- 7 Don't know / Not sure
- 9 Refused

State-Added 7a: Ancestry / Country of Birth [Splits 1, 2, 3]

pre-ANCESTRY: {If HISPANC2= 1 or MRACE = 3 then Go to ANCESTRY; else go to CNTRYBTH}

ANCESTRY Which best describes your ancestry or heritage? Would you say ...{If HISPANC2 = 1, please read 1,2,3,4,6,12,13; Else if MRACE = 3, please read 5,6,8,10,11,15,14; Else if HISPANC2=1 AND MRACE=3, please read 1-14}

Ancestry

Please read

- 01 Puerto Rican
- 02 Dominican
- 03 Mexican
- 04 Salvadorian
- 05 Chinese
- 06 Filipino
- 08 Cambodian
- 10 Vietnamese

- 11 Japanese
 15 Indian (Asian)
Or
 12 Other Central American [specify: _____]
 13 Other South American [specify: _____]
 14 Other Asian [specify: _____]

Do not read

- 77 Don't Know/Not Sure
 99 Refused

CNTRY BTH In what country were you born?

- 001 United States **[GO TO Q7.5]**
 ____ Country code [002 – 192]
 888 Other [Specify: _____]
 777 Don't know / Not sure **[GO TO Q7.5]**
 999 Refused **[GO TO Q7.5]**

CATI note: see attached list of country codes

YRSUS Approximately, how many years have you lived in the US?
[INTERVIEWER NOTE: if respondent lived in US for more than one period of time, add all periods when lived in US together]

- ____ Years
 777 Don't know / Not sure
 999 Refused

7.5 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

Militar1

(110)

- 1 Yes
 2 No

Do not read:

- 7 Don't know / Not sure
 9 Refused

7.6 Are you...?

Mrtl

(111)

Please read:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

7.7

How many children less than 18 years of age live in your household?

(112-113)

Chage1

- 8 8 Number of children
- 8 8 None
- 9 9 Refused

7.8

What is the highest grade or year of school you completed?

(114)

Educ

Read only if necessary:

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

Do not read:

- 9 Refused

7.9

Are you currently...?

(115)

Empl

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired

Or

- 8 Unable to work



Do not read:

9 Refused

7.10

Is your annual household income from all sources—

(116-117)

Inc

If respondent refuses at ANY income level, code '99' (Refused)

Read only if necessary:

0 4 Less than \$25,000 If “no,” ask 05; if “yes,” ask 03
(\$20,000 to less than \$25,000)

03 Less than \$20,000 If "no," code 04; if "yes," ask 02
(\$15,000 to less than \$20,000)

0 2 Less than \$15,000 If “no,” code 03; if “yes,” ask 01
(\$10,000 to less than \$15,000)

0 1	Less than \$10,000	If "no," code 02
-----	--------------------	------------------

0 5 Less than \$35,000 If "no," ask 06
(\$25,000 to less than \$35,000)

0 6 Less than \$50,000 If "no," ask 07
(\$35,000 to less than \$50,000)

07 Less than \$75,000 If "no," code 08
(\$50,000 to less than \$75,000)

0 8 \$75,000 or more

Do not read:

77 Don't know / Not sure

99 Refused

7.11

About how much do you weigh without shoes?

(118-121)

Wght

Wtkg

NOTE: If respondent answers in metrics, put "9" in column 118.

Round fractions up

Weight
(pounds/kilograms)

7 7 7 7 Don't know / Not sure

9	9	9	9	Refused
---	---	---	---	---------

7.12

About how tall are you without shoes?

Hght

NOTE: If respondent answers in metrics, put "9" in column 122.

Round fractions down

_ _ / _ _ Height
 (ft / inches/meters/centimeters)
 7 7 / 7 7 Don't know / Not sure
 9 9 / 9 9 Refused

State-Added 7b: City/Town [Splits 1, 2, 3]

TOWN What city or town do you live in?

Town

_ _ Town code [001-351]
 8 8 OTHER: **[SPECIFY: _____]**
 7 7 Don't Know/Not Sure
 9 9 Refused

[Please Note: ALLSTON, BRIGHTON, BACK BAY, BEACON HILL, CHARLESTOWN, DORCHESTER, E. BOSTON, FENWAY, HYDE PARK, JAMAICA PLAIN, MATTAPAN, ROSLINDALE, ROXBURY, MISSION HILL, S. BOSTON, W. ROXBURY=BOSTON]

IF TOWN=777, 888, OR 999, SKIP TO ZIPCODE. ELSE CONTINUE

CATI: COMPARE TOWN ASSOCIATED AREA CODE (MASS DPH LOGIC) TO SAMPLE AREA CODE (see 2010 4869 MA BRFSS survey). IF THE AREA CODES AGREE, CONTINUE TO ZIPCODE. IF THEY DO NOT AGREE, ASK RESPONDENT ACCNFRM.

ACCNFRM I would like to confirm some information. You live in **[TOWN RESPONSE]** and your telephone number is **[PHONE]**, are these correct?

- | | | |
|---|---------------------|-------------------------------|
| 1 | Yes, both correct | GO TO ZIPCODE |
| 2 | No, town Incorrect | RE-ASK TOWN |
| 3 | No, phone Incorrect | S/O WRONG PHONE NUMBER |

7.14 What is the ZIP Code where you live? (129-133)

Zipcode

_ _ _ _
 7 7 7 7 ZIP Code
 9 9 9 9 Don't know / Not sure
 Refused

7.15 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (134)

Tels2

- 1 Yes

- 2 No [Go to Q7.17]
 7 Don't know / Not sure [Go to Q7.17]
 9 Refused [Go to Q7.17]

7.16 How many of these telephone numbers are residential numbers?

(135)

Telres1

- Residential telephone numbers **[6 = 6 or more]**
 7 Don't know / Not sure
 9 Refused

7.17 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

(136)

Cellph1

- 1 Yes
 2 No [Go To Q7.19]
 7 Don't know / Not sure [Go To Q7.19]
 9 Refused [Go To Q7.19]

7.18 Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone?

(137-139)

Cellph4

- Enter percent (1 to 100)
 8 8 8 Zero
 7 7 7 Don't know / Not sure
 9 9 9 Refused

7.19 Do you own or rent your home?

(140)

Renthom1

- 1 Own
 2 Rent
 3 Other arrangement
 7 Don't know / Not sure
 9 Refused

INTERVIEWER NOTE: "Other arrangement" may include group home, staying with friends or family without paying rent.

NOTE: Home is defined as the place where you live most of the time/the majority of the year.

7.20 Indicate sex of respondent. Ask only if necessary.

(141)

Sex

- 1 Male
- 2 Female

[Go to next section]

***NOTE: Massachusetts asks 'PREGNANT' of females up to 50 years old. If 51 years or older go to next section.**

****Only submit data on women <45 to CDC****

7.21

To your knowledge, are you now pregnant?

(142)

Preg1

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 8: Disability

The following questions are about health problems or impairments you may have.

8.1

Are you limited in any way in any activities because of physical, mental, or emotional problems?

QL1

(143)

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

8.2

Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

Disb15

(144)

Include occasional use or use in certain circumstances.

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

State-Added 8a: Disability [Splits 1, 2, 3]

{If QLACTLM2= 1, go to DISB5. Else go to DISB2}

DISB5

What is the farthest distance you can walk by yourself, without any special equipment or help from others?

Disb5

PLEASE READ:

- 1 Not any distance
- 2 Across a small room
- 3 About the length of a typical house
- 4 About one or two city blocks
- 5 About one mile

-or-

- 6 More than one mile

Do not read:

- 7 Don't know / Not sure
- 9 Refused

DISB2

Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating?

Disb2

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

{If Q10.1= 1 or Q10.2 = 1 or DISB2 = 1 go to QL3. Else, go to DISB2a}

DISB2a

A disability can be physical, mental, emotional, or communication-related. Would you describe yourself as having a disability of any kind?

Disb2a

- 1 Yes
- 2 No **[go to next section]**
- 7 Don't know / Not sure **[go to next section]**
- 9 Refused **[go to next section]**

QL3

For how long have your activities been limited because of your major impairment, health problem or disability?

QL3

- 1 ___ Days
- 2 ___ Weeks
- 3 ___ Months
- 4 ___ Years
- 7 7 7 Don't know/Not Sure
- 9 9 9 Refused

QL4

QLI4

Because of any impairment, health problem or disability, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

QL5

QL5

Because of any impairment, health problem or disability, do you need the help of other persons with your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 9: Tobacco Use

9.1

Have you smoked at least 100 cigarettes in your entire life?

(145)

Smk1

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to Q9.5]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

9.2

Do you now smoke cigarettes every day, some days, or not at all?

(146)

Smk2

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q9.4]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

9.3

During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

(147)

Smk4f

- 1 Yes [Go to Q9.5]
- 2 No [Go to Q9.5]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

9.4 How long has it been since you last smoked a cigarette, even one or two puffs? (148-149)

Smk5c

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)
- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 10 years or more
- 7 7 Don't know / Not sure
- 9 9 Refused

9.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

Chew2b

Snus (rhymes with 'goose')

NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum. (150)

- 1 Every day
- 2 Some days
- 3 Not at all

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Section 10: Alcohol Consumption

10.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (151-153)

Drnk2

- 1 _ _ Days per week
- 2 _ _ Days in past 30 days
- 8 8 8 No drinks in past 30 days **[Go to next section]**
- 7 7 7 Don't know / Not sure **[Go to next section]**
- 9 9 9 Refused **[Go to next section]**

10.2 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (154-155)

Drnk3

NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

- _ _ Number of drinks
- 7 7 Don't know / Not sure
- 9 9 Refused

10.3

Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X** [**CATI X = 5 for men, X = 4 for women**] or more drinks on an occasion? (156-157)

Alc8

-- -- Number of times
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

10.4

During the past 30 days, what is the largest number of drinks you had on any occasion? (158-159)

Drnk4

-- -- Number of drinks
 7 7 Don't know / Not sure
 9 9 Refused

CATI: IF Q10.3=88 AND SEX=1, Q10.4 CANNOT BE 5-76. IF Q10.3=88 AND SEX=2, Q10.4 CANNOT BE 4-76.

Section 11: Immunization

11.1

Now I will ask you questions about seasonal flu vaccine. There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?

Flushot5

(160)

READ IF NECESSARY:

A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

1 Yes
 2 No [Go to Q11.4]
 7 Don't know / Not sure [Go to Q11.4]
 9 Refused [Go to Q11.4]

11.2

During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?

Flshtmy2

(161-166)

-- / -- Month / Year
 7 7 / 7 7 7 7 Don't know / Not sure
 9 9 / 9 9 9 9 Refused

11.3

At what kind of place did you get your last flu shot/vaccine?

(167-168)

Flu2

- 0 1 A doctor's office or health maintenance organization (HMO)
 0 2 A health department
 0 3 Another type of clinic or health center (Example: a community health center)
 0 4 A senior, recreation, or community center
 0 5 A store (Examples: supermarket, drug store)
 0 6 A hospital (Example: inpatient)
 0 7 An emergency room
 0 8 Workplace
 0 9 Some other kind of place
 1 0 Received vaccination in Canada/Mexico (Volunteered – Do not read)
 1 1 A school
 7 7 Don't know / Not sure (**Probe: "How would you describe the place where you went to get your most recent flu vaccine?"**)

Do not read:

- 9 9 Refused

11.4

A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? (169)

Pneum

- 1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

Section 12: Falls

If respondent is 45 years or older continue, otherwise go to next section.

Next, I will ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

12.1 In the past 12 months, how many times have you fallen?

(170-171)

Fall3a

- | | | |
|-----|-----------------------|-----------------------------|
| — — | Number of times | [76 = 76 or more] |
| 8 8 | None | [Go to next section] |
| 7 7 | Don't know / Not sure | [Go to next section] |
| 9 9 | Refused | [Go to next section] |

12.2

[Fill in "Did this fall (from Q12.1) cause an injury?"]. If only one fall from Q12.1 and response is "Yes" (caused an injury); code 01. If response is "No," code 88.

Fall4a

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

(172-173)

- — Number of falls **[76 = 76 or more]**

8 8 None
7 7 Don't know / Not sure
9 9 Refused

Section 13: Seatbelt Use

13.1 How often do you use seat belts when you drive or ride in a car? Would you say— (174)

Stblt

Please read:

1 Always
2 Nearly always
3 Sometimes
4 Seldom
5 Never

Do not read:

7 Don't know / Not sure
8 Never drive or ride in a car
9 Refused

CATI note: If Q13.1 = 8 (Never drive or ride in a car), go to Section 15; otherwise continue.

Section 14: Drinking and Driving

CATI note: If Q10.1 = 888 (No drinks in the past 30 days); go to next section.

The next question is about drinking and driving.

14.1 During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (175-176)

Alc9

Number of times
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Section 15: Breast and Cervical Cancer Screening

CATI note: If respondent is male, go to the next section.

The next questions are about breast and cervical cancer.

15.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (177)

Mamm2

- 1 Yes
- 2 No [Go to Q15.3]
- 7 Don't know / Not sure [Go to Q15.3]
- 9 Refused [Go to Q15.3]

15.2 How long has it been since you had your last mammogram? (178)

Mamm3a

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

15.3 A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? (179)

Brst1

- 1 Yes
- 2 No [Go to Q15.5]
- 7 Don't know / Not sure [Go to Q15.5]
- 9 Refused [Go to Q15.5]

15.4 How long has it been since your last breast exam? (180)

Brst2a

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure

9 Refused

15.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (181)

Crvx2

- 1 Yes
- 2 No [Go to Q15.7]
- 7 Don't know / Not sure [Go to Q15.7]
- 9 Refused [Go to Q15.7]

15.6 How long has it been since you had your last Pap test? (182)

Crvx3

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

CATI note: If response to Core Q7.23 = 1 (is pregnant); then go to next section.

15.7 Have you had a hysterectomy? (183)

Hyst

Read only if necessary: A hysterectomy is an operation to remove the uterus (womb).

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 16: Prostate Cancer Screening

CATI note: If respondent is ≤ 39 years of age, or is female, go to next section.

Now, I will ask you some questions about prostate cancer screening.

16.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test?

- 1 Yes

(184)

- 2 No
- 7 Don't Know / Not sure
- 9 Refused

16.2 Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test? (185)

- 1 Yes
- 2 No
- 7 Don't Know / Not sure
- 9 Refused

16.3 Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test? (186)

- 1 Yes
- 2 No
- 7 Don't Know / Not sure
- 9 Refused

16.4 Have you EVER HAD a PSA test? (187)

- 1 Yes
- 2 No [Go to next section]
- 7 Don't Know / Not sure [Go to next section]
- 9 Refused [Go to next section]

16.5 How long has it been since you had your last PSA test? (188)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

16.6 What was the MAIN reason you had this PSA test – was it ...? (189)

Please read:

- 1 Part of a routine exam
- 2 Because of a prostate problem
- 3 Because of a family history of prostate cancer
- 4 Because you were told you had prostate cancer

5 Some other reason

Do Not Read:

7 Don't know / Not sure
9 Refused

Section 17: Colorectal Cancer Screening

CATI note: If respondent is ≤ 49 years of age, go to next section.

The next questions are about colorectal cancer screening.

17.1

Colo5

A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (190)

1 Yes
2 No [Go to Q17.3]
7 Don't know / Not sure [Go to Q17.3]
9 Refused [Go to Q17.3]

17.2

Colo6

How long has it been since you had your last blood stool test using a home kit? (191)

Read only if necessary:

1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 3 years (2 years but less than 3 years ago)
4 Within the past 5 years (3 years but less than 5 years ago)
5 5 or more years ago

Do not read:

7 Don't know / Not sure
9 Refused

17.3

Colo8

Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (192)

1 Yes
2 No [Go to next section]
7 Don't know / Not sure [Go to next section]
9 Refused [Go to next section]

17.4

Hadsigcol

For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?

(193)

- 1 Sigmoidoscopy
- 2 Colonoscopy
- 7 Don't know / Not sure
- 9 Refused

17.5

Colo9

How long has it been since you had your last sigmoidoscopy or colonoscopy?

(194)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Section 18: HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you do not have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

18.1

Hiv15

Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.

(195)

- 1 Yes
- 2 No **[Go to Q18.3]**
- 7 Don't know / Not sure **[Go to Q18.3]**
- 9 Refused **[Go to Q18.3]**

18.2

Hiv25b

Not including blood donations, in what month and year was your last HIV test?

(196-201)

NOTE: If response is before January 1985, code "Don't know."

CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

<u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	Code month and year
7 7 / 7 7 7 7	Don't know / Not sure
9 9 / 9 9 9 9	Refused / Not sure

18.3

Ivstdhiv

I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.

Do any of these situations apply to you?

(202)

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

Transition to Modules and/or State-Added Questions

Please read:

Finally, I have just a few questions left about some other health topics.

Optional and State-Added Modules

Section 19: State-Added: Industry and Occupation: [Splits 1, 2, 3]

If EMPLOY = 3, 5, 6, 7, 8, 9, Go to next section.

If EMPLOY = 1, 2, 4 then Continue

WRKCMP2B

Wrkcmp2b

What kind of work [do you (if EMPLOY=1 OR 2) / did you, in the past year, (if EMPLOY = 4) do, that is, what is (if EMPLOY=1 OR 2) / was (if EMPLOY = 4)] your occupation? For example, registered nurse, janitor, cashier, auto mechanic.

Specify: _____

- | | |
|---|------------|
| 7 | Don't know |
| 9 | Refused |

WRKCMP2A

Wrkcmp2a

What kind of business or industry [do you (if EMPLOY=1 OR 2) / did you, in the past year, (if EMPLOY=4)] work in? For example, nursing home, elementary school, clothing manufacturing, fast food restaurant..

[If the respondent provides a one word answer: "MANUFACTURING", ask "What does the business or company make?" RECORD BOTH THE PRODUCT MADE and "MANUFACTURING". e.g computer manufacturing; clothing manufacturing; appliance manufacturing, etc.]

Specify: _____

7 Don't know

9 Refused

Section 20: Module 10: High Risk/Health Care Worker

The next few questions ask about health care work and chronic illness.

1. Do you currently volunteer or work in a hospital, medical clinic, doctor's office, dentist's office, nursing home or some other health-care facility? This includes part-time and unpaid work in a health care facility as well as professional nursing care provided in the home.

Wrkhcf1

(299)

INTERVIEWER NOTE: If necessary say: "This includes non-health care professionals, such as administrative staff, who work in a health-care facility."

- 1 Yes
2 No
7 Don't know / Not sure
9 Refused

2. Do you provide direct patient care as part of your routine work? By direct patient care we mean physical or hands-on contact with patients.

Dircont1

(300)

- 1 Yes
2 No
7 Don't know / Not sure (**Probe by repeating question**)
9 Refused

3. Has a doctor, nurse, or other health professional ever said that you have...

Drhpad1

Read all items listed below before waiting for an answer:

Lung problems, other than asthma
Kidney problems
Anemia, including Sickle Cell

Or

A weakened immune system caused by a chronic illness or by medicines taken for a chronic illness?

(301)

[See Attached Health Problems List, if necessary]

- | | | |
|---|-----------------------|----------------------------|
| 1 | Yes | |
| 2 | No | [Go to next module] |
| 7 | Don't know / Not sure | [Go to next module] |
| 9 | Refused | [Go to next module] |

4. Do you still have (this/any of these) problem(s)?

(302)

Havhpad

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

Section 21: State-Added Sexual Orientation [Splits 1, 2, 3]

SEX01

Do you consider yourself to be:

Sex01

Please read

- | | |
|-----------|---|
| 1 | A) Heterosexual or straight |
| 2 | B) Homosexual or [if respondent is male read "gay" ; else if female, read "lesbian"] |
| 3 | C) Bisexual |
| or | |
| 4 | D) other |

Do not read

- | | |
|---|---------------------|
| 7 | Don't Know/Not Sure |
| 9 | Refused |

Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman.

TRANSGEN

Do you consider yourself to be transgender?

Transgen

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/not sure |
| 9 | Refused |

[NOTE: Additional information for interviewer if asked about definition of transgender:

Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgendered. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.]

Section 22: Module 1: Pre-Diabetes

NOTE: Only asked of those not responding “Yes” (code = 1) to Core Q5.13 (Diabetes awareness question).

1. Have you had a test for high blood sugar or diabetes within the past three years? (210)
- | | | |
|------|---|-----------------------|
| Bsd1 | 1 | Yes |
| | 2 | No |
| | 7 | Don't know / Not sure |
| | 9 | Refused |

CATI note: If Core Q5.13 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 “Yes” (code = 1).

2. Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? (211)
- | | | |
|------|---|-----------------------|
| Bsd4 | If “Yes” and respondent is female, ask: “Was this only when you were pregnant?” | |
| | 1 | Yes |
| | 2 | Yes, during pregnancy |
| | 3 | No |
| | 7 | Don't know / Not sure |
| | 9 | Refused |

Section 22a: State-Added Pre-Diabetes [Splits 1,2, 3]

{If Q5.13= 3,4,7,9, continue; else if Q5.13=1 or Q5.13= 2, go to DIABMO5a}

BSD3 Have you ever been told by a doctor that you have high blood sugar or glucose?

- | | | |
|------|--|--|
| Bsd3 | [If yes, Was this once or more than once?]
[If female, Was this only during pregnancy?] | |
| | 1 | Yes |
| | 2 | Yes, more than once |
| | 3 | Yes, but female told only during pregnancy |
| | 4 | No |
| | 7 | Don't know / Not sure |
| | 9 | Refused |

{IF BSD3 = 1 or 2 or PREDIAB1=1, then continue.}

{Else if BSD3=3,4,7,9 and PREDIAB1=2,3,7,9 go to DIABMO5a }

BSD5

Bsd5

Was it within the past 12 months that you were told for the first time that you have pre-diabetes, borderline diabetes, or high blood sugar or glucose?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

BSD6

Bsd6

How old were you when you were first told you had pre-diabetes, borderline diabetes, or high blood glucose?

[Note: We are interested in age when FIRST diagnosed with pre-diabetes, borderline diabetes, or high blood glucose, NOT current age]

- Code Age in Years (97 = 97 years and older)
- 9 8 Don't know
- 9 9 Refused

{CATI: if (BSD6 = 01-97 and AGE = 18-99) AND (BSD6 > AGE), continue; else go to DIABMO5A}

UPDTAGPD

I'm sorry, you indicated you were {CATI: fill-in response from AGE} years old, and were first told you had pre-diabetes, borderline diabetes, or high blood glucose at age {CATI: fill-in response from BSD6}. What was your age when you were FIRST told you had pre-diabetes, borderline diabetes, or high blood glucose?

Update age **GO TO AGE**
Update age for pre-diabetes/borderline diabetes/high blood glucose age **GO TO BSD6**

DIABMO5a

Diabmo5a

To your knowledge have any of your first degree blood relatives such as parents, brothers, or sisters had diabetes?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 23a: State-Added Diabetes [Splits 1, 2, 3]

IF Q5.13 = 1 CONTINUE; ELSE GO TO NEXT SECTION.

DIABTYPE

What type of diabetes do you have?

Diabtype

Please read:

- 1 Type 1

- 2 Type 2
or
3 Other [specify_____]

Do not read:

- 7 Don't know /Not sure
9 Refused

Section 23: Module 2: Diabetes [Splits 1, 2, 3]

NOTE: Only asked of those responding "Yes" (code = 1) to Core Q5.13 (Diabetes awareness question).

1. How old were you when you were told you have diabetes?

(212-213)

Diab2

- Code age in years [97 = 97 and older]
9 8 Don't know / Not sure
9 9 Refused

{CATI: if (Q1 = 01-97 and AGE = 18-99) AND (Q1 > AGE), continue; else go to Q2}

UPDTAGDI I'm sorry, you indicated you were {CATI: fill-in response from AGE} years old, and were first diagnosed with Diabetes at age {CATI: fill-in response from DIABAGE2}. What was your age when you were FIRST diagnosed with diabetes?

- Update age **GO TO AGE**
Update diabetes age **GO TO Q1**

CATI: IF Q1>52 AND Q1<98, CONFIRM; ELSE GO TO Q2

CNFDBAG INTERVIEWER: Is [DISPLAY RESPONSE TO DIABAGE2] the correct age when respondent was diagnosed with diabetes?

- 1 Yes, age is correct **GO TO Q2**
2 No **GO TO Q1**

2. Are you now taking insulin?

(214)

Diab3

- 1 Yes
2 No
9 Refused

3. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

Diab5

(215-217)

- 1 _ _ Times per day
2 _ _ Times per week
3 _ _ Times per month

4	—	—	Times per year
8	8	8	Never
7	7	7	Don't know / Not sure
9	9	9	Refused

- 4.** About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (218-220)

Diab9a

1	—	—	Times per day
2	—	—	Times per week
3	—	—	Times per month
4	—	—	Times per year
5	5	5	No feet
8	8	8	Never
7	7	7	Don't know / Not sure
9	9	9	Refused

Section 23b: State-Added Diabetes [Splits 1, 2, 3]

CATI note: If Q4 = 555 (No feet), go to Q5.

- DIAB13a** Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

Diab13a

1	Yes
2	No
7	Don't know / Not sure
9	Refused

Section 23: Module 2: (Continued) Diabetes [Splits 1, 2, 3]

- 5.** About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (221-222)

Diab7

—	—	Number of times [76 = 76 or more]
8	8	None
7	7	Don't know / Not sure
9	9	Refused

- 6.** A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"? (223-224)

Diab8a

—	—	Number of times [76 = 76 or more]
---	---	--

- 8 8 None
- 9 8 Never heard of "A one C" test
- 7 7 Don't know / Not sure
- 9 9 Refused

CATI note: If Q4 = 555 (No feet), go to Q8.

7. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

Diab9

(225-226)

- Number of times **[76 = 76 or more]**
- 8 8 None
 - 7 7 Don't know / Not sure
 - 9 9 Refused

Section 23c: State-Added Diabetes [Splits 1, 2, 3]

CATI note: If Q4 = 555 (No feet), go to Q8.

DIAB14

When was the last time you had an exam in which your feet were examined for numbness or loss of feeling? This would have involved a doctor or other health professional using a metal or plastic instrument on your foot.

Diab14

Read only if necessary:

- 1 Within the past month (any time less than 1 month ago)
- 2 Within the past year (1 to 12 months ago)
- 3 Within the past 2 years (1 to 2 years ago)
- 4 2 or more years ago
- 8 Never

Do not read:

- 7 Don't Know/Not Sure
- 9 Refused

Section 23: Module 2: Diabetes, Continued [Splits 1, 2, 3]

8. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

Diab3a

(227)

Read only if necessary:

- 1 Within the past month (anytime less than 1 month ago)
- 2 Within the past year (1 month but less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

9. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (228)

Diab3b

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

10. Have you ever taken a course or class in how to manage your diabetes yourself? (229)

Diabmo1c

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 24: Module 15: Cancer Survivorship [Splits 1, 2, 3]

CATI note: If Core Q5.6 or Q5.7 = 1 (Yes) or Q16.6 = 4 (Because you were told you had prostate cancer) continue, else go to next module.

You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.

1. How many different types of cancer have you had? (316)

candiff

- 1 Only one
- 2 Two
- 3 Three or more
- 7 Don't know / Not sure [Go to next module]
- 9 Refused [Go to next module]

2. At what age were you told that you had cancer? (317-318)

Canage

- Code age in years [97 = 97 and older]
- 9 8 Don't know / Not sure
- 9 9 Refused

CATI note: If Q1= 2 (Two) or 3 (Three or more), ask: "At what age were you first diagnosed with cancer?"

INTERVIEWER NOTE: This question refers to the first time they were told about their first cancer.

{CATI: if (Q2 = 01-97 and AGE = 18-99) AND (Q2 > AGE), continue; else go to Q3}

UPDTAGCA I'm sorry, you indicated you were {CATI: fill-in response from AGE} years old, and were first diagnosed with cancer at age {CATI: fill-in response from CANAGE }. What was your age when you were FIRST diagnosed with cancer?

CATI note: If Core Q5.6 = 1 (Yes) and Q1 = 1 (Only one): ask "Was it "Melanoma" or "other skin cancer"? then code 21 if "Melanoma" or 22 if "other skin cancer"

CATI note: If Core Q16.6 = 4 (Because you were told you had Prostate Cancer) and Q1 = 1 (Only one) then code 19.

3. What type of cancer was it?

(319-320)

If Q1 = 2 (Two) or 3 (Three or more), ask: "With your most recent diagnoses of cancer, what type of cancer was it?"

INTERVIEWER NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-28]:

Cantype1a

Breast

0 1 Breast cancer

Female reproductive (Gynecologic)

0 2 Cervical cancer (cancer of the cervix)

0 3 Endometrial cancer (cancer of the uterus)

0 4 Ovarian cancer (cancer of the ovary)

Head/Neck

0 5 Head and neck cancer

0 6 Oral cancer

0 7 Pharyngeal (throat) cancer

0 8 Thyroid

0 9 larynx

Gastrointestinal

1 0 Colon (intestine) cancer

1 1 Esophageal (esophagus)

1 2 Liver cancer

1 3 Pancreatic (pancreas) cancer

1 4 Rectal (rectum) cancer

1 5 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)

1 6 Hodgkin's Lymphoma (Hodgkin's disease)

1 7 Leukemia (blood) cancer

1 8 Non-Hodgkin's Lymphoma

Male reproductive

- 1 9 Prostate cancer
- 2 0 Testicular cancer

Skin

- 2 1 Melanoma
- 2 2 Other skin cancer

Thoracic

- 2 3 Heart
- 2 4 Lung

Urinary cancer:

- 2 5 Bladder cancer
- 2 6 Renal (kidney) cancer

Others

- 2 7 Bone
- 2 8 Brain
- 2 9 Neuroblastoma
- 3 0 Other

Do not read:

- 7 7 Don't know / Not sure
- 9 9 Refused

4. Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

Cantx1

(321)

- 1 Yes [Go to next module]
- 2 No, I've completed treatment
- 3 No, I've refused treatment [Go to next module]
- 4 No, I haven't started treatment [Go to next module]
- 7 Don't know / Not sure [Go to next module]
- 9 Refused [Go to next module]

5. What type of doctor provides the majority of your health care?

(322-323)

INTERVIEWER NOTE: If the respondent requests clarification of this question, say: "We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.)."

Candoc

Please read [1-10]:

- 0 1 Cancer Surgeon
- 0 2 Family Practitioner
- 0 3 General Surgeon
- 0 4 Gynecologic Oncologist
- 0 5 General Practitioner, Internist
- 0 6 Plastic Surgeon, Reconstructive Surgeon
- 0 7 Medical Oncologist

0 8 Radiation Oncologist
 0 9 Urologist
 1 0 Other

Do not read:

7 7 Don't know / Not sure
 9 9 Refused

- 6.** Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received? (324)

Cansum

Read only if necessary: "By 'other healthcare professional' we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional."

1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

- 7.** Have you EVER received instructions from a doctor, nurse, or other health professional about *where* you should return or *who* you should see for routine cancer check-ups after completing your treatment for cancer? (325)

Caninstr

1 Yes
 2 No [Go to Q9]
 7 Don't know / Not sure [Go to Q9]
 9 Refused [Go to Q9]

- 8.** Were these instructions written down or printed on paper for you? (326)

Canwrit

1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

- 9.** With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (327)

Canins

1 Yes
 2 No
 7 Don't know / Not sure

9 Refused

INTERVIEWER NOTE: "Health insurance" also includes Medicare, Medicaid, or other types of state health programs.

10. Were you EVER denied health insurance or life insurance coverage because of your cancer? (328)

Candeny

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

11. Did you participate in a clinical trial as part of your cancer treatment? (329)

Canclin

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

12. Do you currently have physical pain caused by your cancer or cancer treatment? (330)

Canpain

- 1 Yes
- 2 No [Go to next module]
- 7 Don't know / Not sure [Go to next module]
- 9 Refused [Go to next module]

13. Is your pain currently under control? (331)

Canpainc1

Please read:

- 1 Yes, with medication (or treatment)
- 2 Yes, without medication (or treatment)
- 3 No, with medication (or treatment)
- 4 No, without medication (or treatment)

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Section 25: Module 11: Shingles (Zostavax or ZOS) [Splits 1, 2, 3]

CATI note: If respondent is ≤ 49 years of age, go to next module.

The next question is about the Shingles vaccine.

1. shvac Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax®, the zoster vaccine, or the shingles vaccine. Have you had this vaccine?

(303)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 25a: State-Added Shingles [Splits 1, 2, 3]

CATI CREATE VARIABLE HHNO. HHNO=NUMADULT+CHILDREN.

**IF HHNO=1, DO NOT READ TEXT SCREEN AND GO TO INSTRUCTION BEFORE MA25.1
IF HHNO>1, READ TEXT SCREEN**

I would like to ask a few questions about the health of everyone living in the household (IF CHILDREN<16, ALSO DISPLAY “, including children”).

CATI NOTE: NUMBER OF ITERATIONS ARE NOT TO EXCEED VARIABLE HHNO.

CATI: IF HHNO=1 AND (AGE>17 AND AGE<97), AUTOFILL MA25.1 (1ST iteration) WITH RESPONSE TO ‘AGE’. ELSE, ASK MA25.1. IF HHNO=1 AND AGE=7, AUTOFILL MA25.1 (1ST iteration)=98. IF HHNO=1 AND AGE=9, AUTOFILL MA25.1 (1ST iteration)=99. IF HHNO=1 AND AGE>96, AUTOFILL MA25.1 (1ST iteration)=96.

MA25.1 Going from youngest to oldest, what are the ages of each person currently living in your household?

Varicla-r

Code ages:

- 0 = < 1 year
- 96 = 96 and older
- 98 = Don't know/Not sure
- 99 = Refused

- a. Person #1 –
- b. Person #2 –
- c. Etc.

CATI: IF HHNO>1 AND MA25.1 iteration X<97 AND MA25.1 iteration X+1 IS LESS THAN MA25.1 iteration X, DISPLAY THE FOLLOWING PROMPT:

MA25.1CHK I need to record the ages of the persons living in your household going from the YOUNGEST member to the OLDEST member. I will re-ask these questions. To begin, I will ask for the age of the YOUNGEST household member.

1. Re-Ask MA23.1 **GO BACK TO MA25.1**

CATI: IF AGE>17, CHECK RESPONSE TO AGE AGAINST ALL RESPONSES TO MA25.1 (all iterations), IF NO MATCHING AGE IS FOUND, CONFIRM RESPONDENT AGE BELOW.

AGECN I would like to confirm your age. Earlier, I recorded your age as [AGE] years. Just now, when recording the ages of all household members, I did not record a [AGE] year old. Do I need to update your earlier recorded age? Or do I need to update ages of the household members?

1. Update earlier respondent age from demographic section **GO BACK TO AGE**
2. Update household ages from this section **GO BACK TO MA25.1**
3. Refused **GO TO VARIC4**

CATI: IF ANY ITERATION OF MA23.1=98 OR 99, GO TO VARIC4; ELSE CONTINUE WITH LOGIC.

IF CHILDREN<88, CHECK ALL RESPONSES TO MA25.1 (all iterations), IF NUMBER OF CHILDREN DOES NOT EQUAL NUMBER OF AGES<18 IN MA25.1. CONFIRM BELOW.

IF CHILDREN=88 OR 99, CHECK ALL RESPONSES TO MA25.1 (all iterations), IF ANY AGE <18 IS FOUND, CONFIRM RESPONSE BELOW.

CHLDCN Earlier, I recorded your household as having [CHILDREN / 0] child (if CHILDREN=1) / children (if CHILDREN>1) / (IF CHILDREN=88 OR 99) less than 18 years of age. Just now, when recording the ages of all household members, [the number of children did not match (IF CHILDREN<88) / I recorded someone under the age of 18 (IF CHILDREN=88 OR 99)] Do I need to update the number of the household's children? Or do I need to update ages of the household members?

1. Update number of children **GO BACK TO CHILDREN**
2. Update household ages from this section **GO BACK TO MA25.1**
3. Refused **GO TO VARIC4**

VARIC4 Have you (IF HHNO>1, ALSO DISPLAY: "or anyone else currently living in your household") ever had shingles?

Varic4	1	Yes	
	2	No	[Go to next section]
	7	Don't know/Not sure	[Go to next section]
	9	Refused	[Go to next section]

CATI NOTE: NUMBER OF ITERATIONS ARE NOT TO EXCEED NUMBER OF ITERATIONS IN MA25.1

IF VARIC4=1 (Yes) AND HHNO=1 AND (AGE>17 AND AGE<97), AUTOFILL MA25.3 (1ST iteration) WITH RESPONSE TO 'AGE'.

IF VARIC4=1 (Yes) AND HHNO=1 AND AGE=7, AUTOFILL MA25.3 (1ST iteration)=98.

IF VARIC4=1 (Yes) AND HHNO=1 AND AGE=9, AUTOFILL MA25.3 (1ST iteration)=99.

IF VARIC4=1 (Yes) AND HHNO=1 AND AGE>96, AUTOFILL MA25.3 (1ST iteration)=96.

MA25.3 What are the current ages of all those who ever had shingles?

Code ages:

Varic5a-r 0 = <1 year

96 = 96 and older
 97 = No one else in household
 98 = Don't know/Not sure
 99 = Refused

- a. Person #1 ____
- b. Person #2 ____
- c. Etc.

CATI: FOR EACH PERSON WITH AN AGE (0-96) RECORDED IN MA25.3, COMPARE THE AGE AGAINST ALL RECORDED AGES (0-96) IN MA25.1. IF THERE IS AN AGE (0-96) RECORDED IN MA25.3 NOT RECORDED IN MA25.1, PROMPT RESPONDENT:

MA25.3CHK I'm sorry, I do not have a record of a [RESPONSE TO MA25.3] year old living in your household. I would like to re-ask this question.

- 1. Re-ask **MA25.3** **GO BACK TO MA25.3**

IF MA25.3 = 98 OR 99 FOR ANY PERSON, THE NEXT QUESTION FOR THAT PERSON IS MA25.5.

MA25.4 {CATI : Ask for each person listed in MA25.3, in the same order as MA25.3}
CATI: IF HHNO=1, ASK: How old were you when you had shingles?
CATI: IF HHNO>1, ASK: How old was the ____ year old when they had shingles?

Varic6a-r

Code ages:

- 0 = <1 year
- 97 = 97 and older
- 98 = Dk/Ns
- 99 = Ref
- a. Person #1 ____
- b. Person #2 ____
- c. Etc.]

IF MA25.4<97 AND MA25.3<97, THEN MA25.4 CANNOT BE GREATER THAN MA25.3

Pre-MA25.5

{If MA25.3a minus MA25.4a = [0,1] or MA25.3b minus MA25.4b = [0,1] etc. then go to MA25.5. OR IF MA25.3 = 98 OR 99, ASK MA25.5 BUT SUBSTITUTE "person with shingles designated previously" rather than "____ year old"; Else go to next section}

MA25.5 {CATI: Ask for each person for whom MA25.3 – MA25.4 = [0,1], in same order as MA25.3):

Shingles1a-r

(IF HHNO=1, DISPLAY: "Did you" IF HHNO>1, DISPLAY: "Did the ____ year old") have shingles in the last 12 months, that is since {INSERT CURRENT MONTH} of last year?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 26: Module 12: Tetanus Diphtheria (Adults) [Splits 1, 2, 3]

Next, I will ask you about the tetanus diphtheria vaccination.

1. Have you received a tetanus shot in the past 10 years? (304)

tetshot

- | | | |
|---|-----------------------|---------------------|
| 1 | Yes | |
| 2 | No | [Go to next module] |
| 7 | Don't know / Not sure | [Go to next module] |
| 9 | Refused | [Go to next module] |

2. Was your most recent tetanus shot given in 2005 or later? (305)

tetshot5

- | | | |
|---|-----------------------|---------------------|
| 1 | Yes | |
| 2 | No | [Go to next module] |
| 7 | Don't know / Not sure | |
| 9 | Refused | |

3. There are currently two types of tetanus shots available for adults. One contains the tetanus diphtheria vaccine. The other type contains tetanus diphtheria and pertussis or whooping cough vaccine. Did your doctor say your recent tetanus shot included the pertussis or whooping cough vaccine? (306)

tetspwc

- | | |
|---|--------------------------------|
| 1 | Yes (included pertussis) |
| 2 | No (did not include pertussis) |
| 7 | Don't know / Not sure |
| 9 | Refused |

Section 27: Module 13: Adult Human Papilloma Virus (HPV) [Splits 1, 2, 3]

CATI note: To be asked of respondents between the ages of 18 and 49 years; otherwise, go to next module.

NOTE: Human Papilloma Virus (Human Pap·uh·loh·muh Virus); Gardasil (Gar·duh· seel); Cervarix (Sir·var· icks)

1. A vaccine to prevent the human papilloma virus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, **[Fill: if female "GARDASIL or CERVARIX"; if male " or GARDASIL"]**. Have you EVER had an HPV vaccination? (307)

HPVvac

- | | | |
|---|---------------------------|---------------------|
| 1 | Yes | |
| 2 | No | [Go to next module] |
| 3 | Doctor refused when asked | [Go to next module] |
| 7 | Don't know / Not sure | [Go to next module] |

9 Refused

[Go to next module]

2. How many HPV shots did you receive?

(308-309)

HPVshts

		Number of shots
0	3	All shots
7	7	Don't know / Not sure
9	9	Refused

Section 28: State-Added Hepatitis B [Splits 1, 2, 3]

HEPBVAC

Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given.

hepbvac

[NOTE: Response is "Yes" only if respondent has received the entire series of three shots.]

1	Yes
2	No
7	Don't know / Not sure
9	Refuse

The next question is about behaviors related to Hepatitis B.

HEPBRSN

Please tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH statement or statements are true for you, just if ANY of them are:

hepbrsn

- You have hemophilia and have received clotting factor concentrate
- You have had sex with a man who has had sex with other men, even just one time
- You have taken street drugs by needle, even just one time
- You traded sex for money or drugs, even just one time
- You have tested positive for HIV
- You have had sex (even just one time) with someone who would answer "yes" to any of these statements
- You had more than two sex partners in the past year

Are any of these statements true for you?

1	Yes, at least one statement is true
2	No, none of these statements is true
7	Don't know / Not sure
9	Refused

Section 29: State-Added MA Tobacco [Split 1,2,3]

Pre-SMK3a:

If Core Q9.2 = 1 then go to SMK3a;
 Else if Core Q9.2 = 2 then go to SMK3c;
 Else if Core Q9.2 = 3 then go to ENSMK2;
 Else if Core Q9.1 = [2,7,9] or Core Q9.2 = [7,9] then go to ENSMK2

Now I would like to ask you some more questions about smoking.

SMK3a. **[DAILY SMOKERS]** On the average, about how many cigarettes a day do you now smoke?

Smk3a

[1 pack = 20 cigarettes]

__	Number of cigarettes [76 =76 or more]	[Go to SMK3d]
77	Don't know / Not sure	[Go to SMK3d]
99	Refused	[Go to SMK3d]

SMK3c **[SOME DAYS SMOKERS]** During the past 30 days, on how many days did you smoke cigarettes?

Smk3c

__	Number of days [1-30]	
88	None	[Go to SMK3d]
77	Don't know / Not sure	[Go to SMK3d]
99	Refused	[Go to SMK3d]

SMK3b **[SOME DAYS SMOKERS]** On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

Smk3b

[1 pack = 20 cigarettes]

__	Number of cigarettes [76 =76 or more]
77	Don't know / Not sure
99	Refused

SMK9d **[CURRENT SMOKERS]** Are you planning to stop smoking within the next 30 days?

Smk9d

1	Yes
2	No
7	Don't know / Not sure
9	Refused

The next questions are about rules for smoking in your home and your exposure to other people's tobacco smoke.

ENSMK2 Which statement best describes the rules about smoking in your home ...

Ensmk2

Please read:

- 1 no one is allowed to smoke anywhere
- 2 smoking is allowed in some places or at some times
- or
- 3 smoking is permitted anywhere

Do not read:

- 7 Don't know/Not sure
- 9 Refused

ETSHOME

Thinking about the past 7 days, about how many hours per week were you exposed to other people's tobacco smoke when you were **at home**?

Etshome

- Number of hours per week **[76 = 76 or more]**
- 01 An hour or less per week, but more than none
- 88 None
- 77 Don't Know
- 99 Refused

{If Core Q7.9 = [1,2] then go to ETSWORK; else if Core Q7.9 = [3,4,5,6,7,8,9] then go to ETSOTHER}
{Determines employment status}

ETSWORK

Thinking about the past 7 days, about how many hours per week were you exposed to other people's tobacco smoke when you were **at work**?

Etswork

- Number of hours per week **[76 = 76 or more]**
- 01 An hour or less per week, but more than none
- 88 None
- 77 Don't Know
- 99 Refused

ETSOTHER

Thinking about the past 7 days, about how many hours per week were you exposed to other people's tobacco smoke when you were **in other places**?

Etsother

- Number of hours per week **[76 = 76 or more]**
- 01 An hour or less per week, but more than none
- 88 None
- 77 Don't Know
- 99 Refused

Pre- TOBHPAD1: {If Core Q9.2=1 or 2) or (Core Q9.2 =3 and Core Q9.4=(1, 2, 3, 4)) continue. ELSE GO TO NEXT SECTION. [CURRENT SMOKERS, FORMER SMOKERS - PAST YEAR]}

TOBHPAD1

In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?

Tobhpad1

- 1 Yes
- 2 No **[Go to Next Section]**
- 7 Don't know/Not sure **[Go to Next Section]**

9 Refused **[Go to Next Section]**

TOBHPAD2 During the past 12 months, did any doctor, nurse, or other health professional advise you to not smoke?

Tobhpad2	1	Yes	[Go to TOBHPAD4]
	2	No	
	7	Don't know/Not sure	[Go to Next Section]
	9	Refused	[Go to Next Section]

TOBHPAD3 During the past 12 months, did any doctor, nurse, or other health professional ask if you smoke?

Tobhpad3	1	Yes	[Go to Next Section]
	2	No	[Go to Next Section]
	7	Don't know/Not sure	[Go to Next Section]
	9	Refused	[Go to Next Section]

TOBHPAD4 In the past 12 months, when a doctor, nurse, or other health professional advised you to quit smoking, did they also do any of the following?

TOBHPAD4a Prescribe or recommend a patch, nicotine gum, nasal spray, an inhaler, or pills such as Zyban?

Tobhpad4a	1	Yes
	2	No
	7	Don't know/Not sure
	9	Refused

TOBHPAD4b Suggest that you set a specific date to stop smoking?

Tobhpad4b	1	Yes
	2	No
	7	Don't know/Not sure
	9	Refused

TOBHPAD4c Suggest that you use a smoking cessation class, program, quit line, or counseling?

Tobhpad4c	1	Yes
	2	No
	7	Don't know/Not sure
	9	Refused

TOBHPAD4d Provide you with booklets, videos, or other materials to help you quit smoking on your own?

Tobhpad4d	1	Yes
-----------	---	-----

- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 30: State-Added MA Tobacco [Split 3]

{If split = 3 continue; else if split = 1 or 2, go to Next Section}

ETSDWELL Do you currently live in a single family home, in a duplex, in a condo or townhouse, or in an apartment?

- 1 Single family home [Go to pre-SMKRX]
- 2 Duplex
- 3 Condo or Townhouse
- 4 Apartment
- 5 Other [specify]: _____ [Go to pre-SMKRX]
- 7 Don't know/Not sure [Go to pre-SMKRX]
- 9 Refused [Go to pre-SMKRX]

ENSMK5 Does the building where you live have a policy that bans smoking in all personal living spaces such as apartments, balconies, and patios?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

ENSMK6 Would you be in favor of a policy in your residential building that bans smoking in all personal living spaces such as apartments, balconies, and patios:

- 1 Definitely yes
- 2 Probably yes
- 3 Probably no
- 4 Definitely no
- 7 Don't know/Not sure
- 9 Refused

Pre-SMKRX:

IF (If Core Q9.2=1 or 2) or (Core Q9.2 =3 and Core Q9.4=(1, 2, 3, 4)) continue. ELSE GO TO NEXT SECTION. [CURRENT SMOKERS, FORMER SMOKERS - PAST YEAR]

IF (CURRENT SMOKERS, FORMER SMOKERS - PAST YEAR) AND HLTHPLAN=1), CONTINUE; ELSE GO TO SMKNRT1B

SMKRX Does your health insurance cover prescription medications to help you quit smoking, such as the nicotine patch, gum, Chantix (CHAN Tics), or other medications?

SmkRx

- 1 Yes

- 2 No
- 7 Don't know/Not sure
- 9 Refused

SMKOTC Does your health insurance cover over-the-counter medications to help you quit smoking?

SmkOtc

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

If SMKRX=1, then go to SMKOPAY; else go to SMKNSL

SMKOPAY What is your co-pay for prescription medications to help you quit smoking?

SmkCopay

- 1 Less than \$10
- 2 \$10 or more
- 7 Don't know/Not sure
- 9 Refused

SMKNSL Does your health insurance cover one-on-one or group counseling to help you quit smoking?

SmkCnsl

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

SMKNRT1B In the past 12 months, have you used any medications to help you quit smoking such as a patch, nicotine gum, nasal spray, inhaler or pills such as Zyban or Chantix (CHAN Tics)?

Smknrt1b

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know/Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

SMKNRT5a Did your health care provider write you a prescription for this medication?

Smknrt5a

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 31: Module 23: Random Child Selection [Split 1]

{If split = 1 continue; else if split = 2 or 3, go to Next Section}

CATI note: If Core Q7.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core Q7.7 = 1, Interviewer please read: “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” **[Go to Q1]**

If Core Q7.7 is >1 and Core Q7.7 does not equal 88 or 99, Interviewer please read: “Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.”

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the “Xth” child. Please substitute “Xth” child’s number in all questions below.

INTERVIEWER PLEASE READ:

I have some additional questions about one specific child. The child I will be referring to is the “Xth” **[CATI: please fill in correct number]** child in your household. All following questions about children will be about the “Xth” **[CATI: please fill in]** child.

1. What is the birth month and year of the “Xth” child?

(392-397)

ChldH1

$\begin{array}{c} _ _ / _ _ _ _ _ \\ 7 \ 7 / 7 \ 7 \ 7 \ 7 \\ 9 \ 9 / 9 \ 9 \ 9 \ 9 \end{array}$	Code month and year Don't know / Not sure Refused
---	---

CATI INSTRUCTION: Calculate the child’s age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is \geq 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

CATI: IF RCSBIRTH=DON'T KNOW (77/7777) OR REFUSED (99/9999), SKIP TO RCSGENDER.

CATI: CHECK RESPONSE TO CHLDAGE2 AGAINST ALL RESPONSES TO MA25.1 (all iterations), IF NO MATCHING AGE IS FOUND, CONFIRM CHILD AGE BELOW.

CHAGECN I would like to confirm the age of the selected child in your household. Just now, I recorded the selected child’s age as [CHLDAGE2] years. Earlier, when recording the ages of all household members, I did not record a [CHLDAGE2] year old. Do I need to update the ages recorded earlier? Or do I need to update the age of the selected child?

1. Update earlier child age from household inventory
2. Update selected child age from this section
3. Refused

GO BACK TO MA25.1
GO BACK TO Q1
GO TO Q2

2. Is the child a boy or a girl?

(398)

ChldH2

- 1 Boy
- 2 Girl
- 9 Refused

3. Is the child Hispanic or Latino?

(399)

ChldH3

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

4. Which one or more of the following would you say is the race of the child?

(400-405)

ChldH4a

ChldH4b

ChldH4c

ChldH4d

ChldH4e

ChldH4f

[Check all that apply]

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native

Or

- 6 Other [specify] _____

Do not read:

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

CATI note: If more than one response to Q4, continue. Otherwise, go to Q6.

5. Which one of these groups would you say best represents the child's race?

(406)

ChldR1

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other
- 7 Don't know / Not sure
- 9 Refused

6. How are you related to the child?

(407)

ChldR2

Please read:

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Section 32: State-Added: Childhood Health [Split 1]

{If split = 1 continue; else if split = 2 or 3, go to Next Section}

CATI: If Q7.7 = 88 (None) or 99 (Refused), go to next section.

HINSCH3

Does this child have any kind of health coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid, MassHealth, or Children's Medical Security Plan?

Hinsch3

- 1 Yes [Go to HINSCH5]
- 2 No
- 7 Don't know/Not sure [Go to HINSCH5]
- 9 Refused [Go to HINSCH5]

HINSCH4

There are some types of health care coverage you may not have considered. Does this child have coverage through your employer, someone else's employer, Medicaid, MassHealth, or some other source?

Hinsch4

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

HINSCH5

About how long has it been since this child last visited a doctor for a routine check-up,

Hinsch5

physical examination, or wellness visit?

Please read:

- 1 Within 1 month
- 2 Within the past 3 months (1-3 months)
- 3 Within the past 6 months (4-6 months)
- 4 Within the past year (7-12 months)
- 5 More than one year

Do Not Read:

- 7 Don't know
- 9 Refused

HINSCH6

Was there a time during the last 12 months when this child needed to see a doctor but did not because of the cost?

Hinsch6

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

[Pre-HINSCH7]: {IF CHILDAge2 < 3 years old OR IF CHILDAge2 = DK/REF GO TO Pre-HINSCH9; ELSE continue}

HINSCH7

[Children age 3-17] Within the last 12 months, has this child visited a dentist for a routine check-up, cleaning, or examination?

Hinsch7

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Pre-HINSCH9: {If CHILDAge2 < 6 then GO to HINSCH8}

HINSCH9

[Children age 6-17] A dental sealant is a clear or white plastic-like material that is painted on a child's back teeth by a dentist or hygienist to prevent tooth decay. Has this child ever received dental sealants on their permanent teeth?

Hinsch9

[NOTE: Permanent teeth come in after primary teeth and include molars]

- 1 Yes
- 2 No **[Go to HINSCH8]**
- 7 Don't Know/Not Sure **[Go to HINSCH8]**
- 9 Refused **[Go to HINSCH8]**

HINSCH10

On how many of this child's permanent teeth are there dental sealants?

Hinsch10

Please Read:

- 1 1-4 teeth
- 2 5-8 teeth

Do Not Read:

- 7 Don't know/Not sure

9 Refused

HINSCH8

Hinsch8

[All Children] Was there a time during the last 12 months when this child needed dental care but did not receive it because of the cost, because no dentist would take your insurance, or because you could not find a dentist for this child?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 33: Module 24: Childhood Asthma Prevalence [Split 1]

{If split = 1 continue; else if split = 2 or 3, go to Next Section}

CATI note: If response to Core Q7.7 = 88 (None) or 99 (Refused), go to next module.

The next two questions are about the "Xth" **[CATI: please fill in correct number]** child.

1. Has a doctor, nurse or other health professional EVER said that the child has asthma?

(408)

Chasth4

- 1 Yes
- 2 No **[Go to next module]**
- 7 Don't know / Not sure **[Go to next module]**
- 9 Refused **[Go to next module]**

2. Does the child still have asthma?

(409)

Chasth4a

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 34: State-Added: Family Planning [Split 2]

If Split = [1, 3], Go to Next Section;

If respondent is female and 51 years of age or older, Go to next section

If Core Q7.23 = 1 or Core 15.7 = 1, Go to FAMPL12

If respondent is male, 60 years of age or older, Go to next section

Else if respondent is a female & 18-50 years of age, or male & 18-59 years of age, Continue.

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

FAMPL4C

Fampl4c

Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy. Are you or your [if female, insert husband/partner, if male, insert wife/partner] doing anything now to keep [if female, insert yourself, if male, insert her] from getting pregnant?

NOTE: If more than one partner, consider usual partner.

- | | | |
|---|--------------------------------|----------------------|
| 1 | Yes | |
| 2 | No | [Go to FAMPL6C] |
| 3 | No partner/not sexually active | [Go to pre-BC_SATIS] |
| 4 | Same sex partner | [Go to pre-BC_SATIS] |
| 7 | Don't know / Not sure | [Go to pre-BC_SATIS] |
| 9 | Refused | [Go to pre-BC_SATIS] |

MA34.2

What are you or your [if female, insert husband/partner, if male, insert wife/partner] doing now to keep [if female, insert yourself, if male, insert her] from getting pregnant?

[SINGLE RESPONSE, IF NEEDED: What is the primary method?]

(Read only if necessary)

- | | |
|----|---|
| 01 | Tubes tied (or female sterilization) |
| 02 | Vasectomy (male sterilization) |
| 03 | Birth control pills (any kind, including mini pills) |
| 04 | Condoms (male) |
| 05 | Condoms (female) |
| 06 | Contraceptive implants (for example Implanon or Norplant) |
| 07 | Shots (for example, Depo-Provera) |
| 08 | Contraceptive ring (for example, Nuvaring) |
| 09 | Contraceptive Patch (for example, Ortho Evra) |
| 10 | Diaphragm, cervical cap, sponge, or shield |
| 11 | IUD (Mirena, ParaGuard, or Copper T) |
| 12 | Emergency contraception (for example, morning after pill or Plan B) |
| 13 | Withdrawal or pulling out |
| 14 | Not having sex at certain times (for example, natural methods, rhythm calendar, temperature awareness, or cervical mucus) |
| 15 | Foam, jelly, or cream |
| 16 | Other: Specify: _____ |

Fampl5c

Do not read

- | | |
|----|-----------------------|
| 77 | Don't know / Not sure |
| 99 | Refused |

INTERVIEWER NOTE: If respondent reports “other method,” ask respondent to “please specify” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

All in FAMPL5C GO TO PRE-BC_SATIS

FAMPL6C What is the main reason for not doing anything to keep [if female, insert “yourself,” if male, insert “your wife/partner”] from getting pregnant?

Fampl6c

Read only if necessary

- 01 Didn't think was going to have sex/no regular partner
- 02 You want a pregnancy
- 03 You or your partner don't want to use birth control
- 04 You or your partner don't like birth control/fear side effects
- 05 You can't pay for birth control
- 17 Religious reasons
- 06 Lapse in use of a method
- 07 Don't think you or your partner can get pregnant
- 08 You or your partner had tubes tied (sterilization)
- 09 You or your partner had a vasectomy (sterilization)
- 10 You or your partner had a hysterectomy
- 11 You or your partner are too old
- 12 You or your partner are currently breast-feeding
- 13 You or your partner just had a baby/postpartum
- 14 Other reason
- 15 Don't care if get pregnant
- 16 You or Partner are pregnant now

Do not read

- 77 Don't know / Not sure
- 99 Refused

Pre BC_SATIS: {If respondent is male go to Next Section;

Else if respondent is a female, age 18-50, and FAMPL4C = [2,3,4,7,9], go to FAMPL12;

Else if respondent is a female, age 18-50, and FAMPL4C = 1, continue}.

BC_SATIS Overall, how satisfied are you with using {enter response to FAMPL5C} as a birth control method? Would you say you are...

BC_satis

PLEASE READ:

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Somewhat dissatisfied
- 4 Very Dissatisfied

Do not read:

- 7 Don't know

9 Refused

FAMPL12 Have you ever heard of or read about Emergency Contraception (the morning after pill)?

Fampl12	1	Yes
	2	No
	7	Don't Know
	9	Refused

[Please read]:

Emergency contraception is a method of birth control that women can use to prevent pregnancy after having unprotected sex.

FAMPL13. If you or someone you knew needed it, how could someone get emergency contraception in Massachusetts? Could she get it from a...

Please read:

FAMPL13a A doctor at a doctor's office

Fampl13a	1	Yes
	2	No
	7	Don't Know
	9	Refused

FAMPL13b A hospital emergency room

Fampl13b	1	Yes
	2	No
	7	Don't Know
	9	Refused

FAMPL13c A community health center or clinic

Fampl13c	1	Yes
	2	No
	7	Don't Know
	9	Refused

FAMPL13d A women's health center or family planning clinic

Fampl13d	1	Yes
	2	No
	7	Don't Know
	9	Refused

FAMPL13e A college health center

Fampl13e	1	Yes
	2	No
	7	Don't Know
	9	Refused

FAMPL13f A pharmacist with a doctor's prescription

- | | | |
|----------|---|------------|
| Fampl13f | 1 | Yes |
| | 2 | No |
| | 7 | Don't Know |
| | 9 | Refused |

FAMPL13g A pharmacist without a doctor's prescription (that is, it is kept behind the pharmacy counter and you have to ask for it to get it)

- | | | |
|----------|---|------------|
| Fampl13g | 1 | Yes |
| | 2 | No |
| | 7 | Don't Know |
| | 9 | Refused |

FAMPL13h Some other place?

- | | | |
|----------|---|----------------------|
| Fampl13h | 1 | Yes [Specify]: _____ |
| | 2 | No |
| | 7 | Don't Know |
| | 9 | Refused |

FAMPL14 Have you ever used emergency contraception to keep from getting pregnant after having unprotected sex?

- | | | |
|---------|---|---------------------|
| Fampl14 | 1 | Yes |
| | 2 | No |
| | 7 | Don't Know/Not Sure |
| | 9 | Refused |

{pre-FAMPL1: If pregnant now (Core Q7.23 = 1), go to FAMPL3, else if female, age 18-50, and Core Q7.23 = [2,7,9], continue}

FAMPL1 Have you been pregnant in the last 5 years?

- | | | | |
|--------|---|---------------------|------------------|
| Fampl1 | 1 | Yes | |
| | 2 | No | [Go to FAMPL10A] |
| | 7 | Don't know/Not sure | [Go to FAMPL10A] |
| | 9 | Refused | [Go to FAMPL10A] |

FAMPL2 Thinking back to your last pregnancy, just before you got pregnant, how did you feel about becoming pregnant?

Fampl2	Would you say:
--------	----------------

[Please Read]

- | | | |
|---|----------------------------------|------------------|
| 1 | You wanted to be pregnant sooner | [Go to FAMPL10A] |
|---|----------------------------------|------------------|

- 2 You wanted to be pregnant later [Go to FAMPL10A]
- 3 You wanted to be pregnant then [Go to FAMPL10A]
- 4 You didn't want to be pregnant then or at anytime in the future [Go to FAMPL10A]

Do Not Read

- 7 You don't know [Go to FAMPL10A]
- 9 Refused [Go to FAMPL10A]

FAMPL3

Thinking back to just before you got pregnant with your current pregnancy, how did you feel about becoming pregnant?

Fampl3

Would you say:

Please Read:

- 1 You wanted to be pregnant sooner
- 2 You wanted to be pregnant later
- 3 You wanted to be pregnant then
- 4 You didn't want to be pregnant then or at anytime in the future

Do not read:

- 7 You don't know
- 9 Refused

CATI: IF Q15.7=1, GO TO NEXT SECTION

FAMPL10A

How do you feel about having a child now or sometime in the future?

Fampl10a

Would you say:

Please read

- 1 You don't want to have one
- 2 You do want to have one, less than 12 months from now
- 3 You do want to have one, between 12 months to less than 2 years from now
- 4 You do want to have one, between 2 years to less than 5 years from now
- 5 You do want to have one, 5 or more years from now

Do not read

- 7 Don't know / Not sure
- 9 Refused

Section 35: State-Added: Infertility [Split 1]

CATI NOTE: If split=2 or 3 Go to next section

If Core 15.7 =1 Go to next section

If respondent is female and age > 50 Go to next section

If respondent is male and age > 59 Go to next section

ARTSKP The next questions are about infertility and problems becoming pregnant. They ask about your lifetime experiences with infertility. I realize that some people may be uncomfortable with these questions. Remember that your answers are strictly confidential and that you don't have to answer a question if you don't want to. If you would like to skip this section please say so.

1. Respondent asks to skip section **[Go to next section]**
2. Continue

ART1 Have you and a spouse or partner EVER tried to get pregnant for a year or longer and were unable to do so?

Please read:

- 1 Yes
- 2 No **[Go to next section]**
- 3 Never tried to get pregnant **[Go to next section]**

Don't read:

- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

ART2 Did you (or your spouse/partner) EVER seek medical consultation or treatment for infertility or problems becoming pregnant?

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

ART3a-d Which of the following treatments did you (or your spouse/partner) receive? Was it ...

Interviewer Note: Allow for up to four responses.

Please read:

- 0 1 Drugs to improve or stimulate ovulation
- 0 2 Artificial insemination or intrauterine insemination
- 0 3 Assisted reproductive technology
- 0 4 Something else **[specify]** _____

Don't read:

07 Don't know / Not sure
09 Refused

Interviewer note: (read only if necessary)

Drugs to improve or stimulate ovulation include Clomid®, Serophene®, or Pergonal®)
Artificial insemination or intrauterine insemination includes treatments in which sperm, but NOT eggs, are collected and medically placed into a woman's body
Assisted reproductive technology includes treatments in which BOTH a woman's eggs and a man's sperm are handled in the laboratory, such as In Vitro Fertilization, Intracytoplasmic Sperm Injection, frozen embryo transfer, or donor embryo transfer

Section 36: State-Added: Sexual Behavior [Split 2]

{If split = 2 continue; else if split = 1 or 3, go to Next Section}

If AGE = 18-64, 7, 9 then continue; else go to Next Section

The next questions are about your sexual behavior. We realize that this is a very personal topic, but we ask these questions of everyone because the answers people give us help us to plan services for Massachusetts residents. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to. When answering these questions, please keep in mind that by sex we mean oral, vaginal, or anal sex, but NOT masturbation.

SEXYESNO During the past 12 months, have you had sex?

Sexyesno	1	Yes	
	2	No	[Go to SEXB1]
	7	Don't Know/ Not sure	[Go to SEXB1]
	9	Refused	[Go to SEXB1]

SEX12MB During the past 12 months, with how many people have you had sex?

Sex12mb		Enter Number
	7 7 7	Don't know / Not sure
	9 9 9	Refused

{CATI: If SEX12MB = 1, go to SEXGEND2}

SEXGEND1 During the past 12 months, have you had sex with only males, only females, or with both males and females?

Sexgend1	1	Only males	[Go to SEXCONDA]
	2	Only females	[Go to SEXCONDA]
	3	Both males and females	

- 7 Don't Know/ Not sure
9 Refused

SEXGEND2 The last time you had sex, was your partner male or female?

Sexgend2

- 1 Male
2 Female
7 Don't Know/ Not Sure [Go to SEXB1]
9 Refused [Go to SEXB1]

SEXCONDA Now, thinking back about the last time you had sex, did you or your partner use a condom?

Sexconda

- 1 Yes [Go to SEXB1]
2 No
7 Don't Know [Go to SEXB1]
9 Refused [Go to SEXB1]

NOCOND1A Which statement best describes the reason you did not use a condom the last time you had sex?

Nocond1a

Please Read

- 1 A) My partner and I only have sex with each other
2 B) I do not like to use condoms
3 C) no condom was available
4 D) My partner and I had oral sex only
5 E) my partner and I were using another form of birth control
6 F) my partner and I were trying to get pregnant
8 G) my partner and I never discussed using condoms
10 H) I was drunk or high

Or

- 11 Some other reason (specify) _____

Do Not Read

- 7 Don't Know / Not Sure
9 Refused

SEXB1 During the past 12 months has a doctor, nurse or other health professional talked to you about Chlamydia?

Sexb1

- 1 Yes
2 No
7 Don't Know/Not Sure
9 Refused

SEXB2

During the past 12 months has a doctor, nurse or other health professional asked you about your sexual behavior?

Sexb2

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

SEXDD

During the past 12 months has a doctor, nurse or other health professional asked you about your drinking or drug use?

Sexdd

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

Section 37: Module 4: Visual Impairment and Access to Eye Care [Split 3]

{If split = 3 continue; else if split = 1 or 2, go to Next Section}

CATI NOTE: If respondent is less than 40 years of age or Core Q5.12 = 3 (respondent is blind), go to next module.

Now I would like to ask you questions about your vision. These questions are for all respondents regardless of whether or not you wear glasses or contact lenses. If you wear glasses or contact lenses, answer questions as if you are wearing them.

1. How much difficulty, if any, do you have in recognizing a friend across the street? Would you say—

VIDFCLT2

(238)

Please read:

- 1 No difficulty
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Unable to do because of eyesight

Or

- 6 Unable to do for other reasons

Do not read:

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

2.

How much difficulty, if any, do you have reading print in newspapers, magazines, recipes, menus, or numbers on the telephone? Would you say—

VIREDF2

(239)

Please read:

- 1 No difficulty
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Unable to do because of eyesight

Or

- 6 Unable to do for other reasons

Do not read:

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

3.

When was the last time you had your eyes examined by any doctor or eye care provider? (240)

VIPRFVS2

Read only if necessary:

- 1 Within the past month (anytime less than 1 month ago) **[Go to Q5]**
- 2 Within the past year (1 month but less than 12 months ago) **[Go to Q5]**
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago
- 5 Never

Do not read:

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

4.

What is the main reason you have not visited an eye care professional in the past 12 months?

VINOCRE2

(241-242)

Read only if necessary:

- 0 1 Cost/insurance
- 0 2 Do not have/know an eye doctor
- 0 3 Cannot get to the office/clinic (too far away, no transportation)
- 0 4 Could not get an appointment

- 0 5 No reason to go (no problem)
- 0 6 Have not thought of it
- 0 7 Other

Do not read:

- 7 7 Don't know / Not sure
- 0 8 Not Applicable (Blind) **[Go to next module]**
- 9 9 Refused

CATI note: Skip Q5, if any response to Module 2 (Diabetes) Q8.

- 5.** When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

VIEYEX

(243)

Read only if necessary:

- 1 Within the past month (anytime less than 1 month ago)
- 2 Within the past year (1 month but less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago
- 5 Never

Do not read:

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

- 6.** Do you have any kind of health insurance coverage for eye care?

VINSUR2

(244)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

- 7.** Have you been told by an eye doctor or other health care professional that you NOW have cataracts?

VICTRCT2

(245)

- 1 Yes
- 2 No, I had them removed
- 3 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

8. Have you EVER been told by an eye doctor or other health care professional that you had glaucoma?

VIGLUMA2

(246)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind) [Go to next module]
- 9 Refused

Please read:

Age-related Macular Degeneration (AMD) is a disease that affects the macula, the part of the eye that allows you to see fine detail.

NOTE: Age-related Macular Degeneration (Age-related Mak-yuh-luh r Di-jen-uh-rey-shuh n)

9. Have you EVER been told by an eye doctor or other health care professional that you had age-related macular degeneration?

VIMACDG2

(247)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind)
- 9 Refused

Section 38: Module 18: Social Context [Split 1]

{If split = 1 continue; else if split = 2 or 3, go to Next Section}

Now, I am going to ask you about several factors that can affect a person's health.

If Core Q7.21 = 1 or 2 (own or rent) continue, else go to Q2.

1. How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage? Would you say you were worried or stressed---

(349)

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

- 8 Not applicable
- 7 Don't know / Not sure

9 Refused

2. How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say you were worried or stressed---

(350)

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

- 8 Not applicable
- 7 Don't know / Not sure
- 9 Refused

If Core Q7.9 = 1 (Employed for wages) or 2 (Self-employed), go to Q3 and Q4.

If Core Q7.9 = 3 (Out of work for more than 1 year), 4 (Out of work for less than 1 year), or 7 (Retired), go to Q5 and Q6.

If Core Q7.9 = 5 (A homemaker), 6 (A student), or 8 (Unable to work), go to Q6.

3. At your main job or business, how are you generally paid for the work you do. Are you:

(351)

- 1 Paid by salary
- 2 Paid by the hour
- 3 Paid by the job/task (e.g. commission, piecework)
- 4 Paid some other way
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: If paid in multiple ways at their main job, select option 4 (Paid some other way).

4. About how many hours do you work per week at all of your jobs and businesses combined?

(352-353)

- | | | |
|-----|-----------------------|----------------------------|
| 9 9 | Hours (01-96 or more) | [Go to next module] |
| 9 7 | Don't know / Not sure | [Go to next module] |
| 9 8 | Does not work | [Go to next module] |
| 9 9 | Refused | [Go to next module] |

5. Thinking about the last time you worked, at your main job or business, how were you generally paid for the work you did? Were you: (354)

1 Paid by salary
 2 Paid by the hour
 3 Paid by the job/task (e.g. commission, piecework)
 4 Paid some other way
 7 Don't know / Not sure
 9 Refused

6. Thinking about the last time you worked, about how many hours did you work per week at all of your jobs and businesses combined? (355-356)

Hours (01-96 or more)
 9 7 Don't know / Not sure
 9 8 Does not work
 9 9 Refused

Section 39: State-added: Anxiety and Depression [Split 2]

{If split=2, Continue; Else if split=1 or 3, Go To Next Section}

Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

ADPLEASR Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?

Adpleasr

01-14 days
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

ADDOWN Over the last 2 weeks, how many days have you felt down, depressed or hopeless?

Addown

01-14 days
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

ADSLEEP

Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?

Adsleep

–	–	01–14 days
8	8	None
7	7	Don't know / Not sure
9	9	Refused

ADENERGY

Over the last 2 weeks, how many days have you felt tired or had little energy?

Adenergy

–	–	01–14 days
8	8	None
7	7	Don't know / Not sure
9	9	Refused

ADEAT1

Over the last 2 weeks, how many days have you had a poor appetite or eaten too much?

Adeat

–	–	01–14 days
8	8	None
7	7	Don't know / Not sure
9	9	Refused

ADFAIL

Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down?

Adfail

–	–	01–14 days
8	8	None
7	7	Don't know / Not sure
9	9	Refused

ADTHINK

Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV?

Adthink

–	–	01–14 days
8	8	None
7	7	Don't know / Not sure
9	9	Refused

ADMOVE

Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?

Admove

–	–	01–14 days
8	8	None
7	7	Don't know / Not sure
9	9	Refused

ADANXEV Has a doctor or other healthcare provider EVER told you that you have an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)?

Adanxev

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

ADDEPEV Has a doctor or other healthcare provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

Addepev

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 40: State-Added: Sexual Violence [Split 2]

{If split = 2 continue; else if split = 1 or 3, go to Next Section}

Now I'd like to ask you some questions about different types of physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact and may help others in the future. ***You may or may not have had some of these experiences yourself, but we ask everyone these questions so we can get a better idea of how common they are.***

SSVSKP_A This is a sensitive topic. Some people may feel uncomfortable with these questions. Remember that your answers are strictly confidential and that you don't have to answer any question you don't want to. If you would like to skip this section please say so. ,

Ssvskp_a

- 1 Respondent asks to skip section **[Go to SV Closing Statement]**
- 2 Continue

At the end of this section, I will give you a telephone number for an organization that can provide information and referral for these issues.

SSVSKP: Are you in a safe place to answer these questions?

Ssvskp

- 1 Yes
- 2 No **[Go to SV Closing Statement]**

My first questions are about unwanted sexual experiences you may have had.
As I read these questions, please keep in mind that they are about things that can be done to a

person by anyone, including family members, friends, spouses, dating or other romantic partners, co-workers, acquaintances, strangers, or anyone else.

SEXSIT2

Sexsit2

In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to, or without your consent (for example being groped or fondled)?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

SEXSIT1

Sexsit1

In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touching? Examples include things like sexual harassment, someone exposing sexual parts of their body to you, being seen by a peeping Tom, or someone making you look at sexual photos or movies?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Now, I am going to ask you questions about unwanted sex. Unwanted sex includes things like putting anything into your {vagina **[If female]**}, anus, or mouth or making you do these things to them after you said or showed that you didn't want to.

It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

SEXATT2

Sexatt2

Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent?

- 1 Yes
- 2 No **[Go to SEXATT1]**
- 7 Don't know / Not sure **[Go to SEXATT1]**
- 9 Refused **[Go to SEXATT1]**

SEXATT2A

Sexatt2a

Has this happened in the past 12 months?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

SEXATT1

Sexatt1

Has anyone EVER ATTEMPTED to have sex with you after you said or showed that you didn't want to or without your consent, BUT SEX DID NOT OCCUR?

- 1 Yes

- | | | |
|---|-----------------------|----------------------|
| 2 | No | [Go to PRE- SEXAST7] |
| 7 | Don't know / Not sure | [Go to PRE- SEXAST7] |
| 9 | Refused | [Go to PRE- SEXAST7] |

SEXATT1A Has this happened in the past 12 months?

Sexatt1a

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

Pre-SEXAST7:

{CATI: If SEXATT2= 1 (Yes) or SEXATT1 = 1 (Yes); continue.
Otherwise, read SV Closing Statement.}

SEXAST7

Sexast7a-c

Think about the time of the most recent incident involving a person who ***had sex with you*** –or- ***attempted to have sex with you*** after you said or showed that you didn't want to or without your consent. What was that person's relationship to you?

CODE UP TO 3 RESPONSES

Do not read:

- | | |
|----|---|
| 01 | Current boyfriend/girlfriend |
| 02 | Former boyfriend/girlfriend |
| 03 | Fiancé/Fiancée |
| 04 | Spouse or live-in partner |
| 05 | Former spouse or former live-in partner |
| 06 | Someone you were dating |
| 07 | First Date |
| 08 | Friend |
| 09 | Acquaintance |
| 10 | A person known for less than 24 hours |
| 11 | Complete stranger |
| 12 | Parent |
| 13 | Step-parent |
| 14 | Parent's partner |
| 15 | Parent in-law |
| 16 | Other relative |
| 17 | Neighbor |
| 18 | Co-worker |
| 19 | Other non-relative |
| 20 | Multiple perpetrators |
| 77 | Don't know / Not sure |
| 99 | Refused |

SEXAST12 [IF ONE RESPONSE CODED IN MA40.7 and MA40.7 NE 20, ASK:] Was the person who did this male or female?

Sexast12

[IF MA40.7=20 OR IF MULTIPLE RESPONSES GIVEN IN MA40.7, ASK:] Were the persons who did this male, female or both?

- 1 Male
- 2 Female
- 3 male and female **[only show on screen if MA40.7=20 OR if MORE THAN one response coded in MA40.7]**
- 7 Don't know / Not sure
- 9 Refused

SV Closing Statement: We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call **1-800-841-8371**. Would you like me to repeat this number?

NOTE: Spanish-language sample should be given the following number to call: **1-800-223-5001**.

Section 41: State-Added: Suicide [Split 2]

If split = 2, continue; else if split = 1 or 3, go to Next Section

SSUISKP

Ssuiskp

The next questions deal with suicide. I realize this can be a sensitive topic and some people may feel uncomfortable with these questions. Remember that your answers are strictly confidential and that you don't have to answer a question if you don't want to. If you would like to skip this section please say so.

[IF RESPONDENT ASKS TO SKIP SUICIDE SECTION PLEASE CODE]:

- 1 Respondent asks to skip section **[Go To Suicide Closing Statement]**
- 2 Continue

()

Sometimes people feel so depressed and hopeless about the future that they may consider suicide, that is, taking some action to end their own life. The next questions ask about attempted suicide.

SUIC1

During the past 12 months, did you ever seriously consider attempting suicide?

()

Suic1

- 1 Yes
- 2 No **[Go To Suicide Closing Statement]**
- 7 Don't know/Not sure **[Go To Suicide Closing Statement]**
- 9 Refused **[Go To Suicide Closing Statement]**

SUIC2

During the past 12 months, did you actually attempt suicide?

()

Suic2

- 1 Yes
- 2 No **[Go to SUIC6]**
- 7 Don't know/Not sure **[Go To Suicide Closing Statement]**
- 9 Refused **[Go To Suicide Closing Statement]**

SUIC5

During the past 12 months, did any suicide attempt result in an injury that required treatment by a doctor, nurse, or other health professional?

Suic5

()

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

SUIC6

Who, if anyone, have you spoken to about {if SUIC1=1 and SUIC2=2 say "considering", if SUIC1=1 and SUIC2=1 say "considering or attempting"}, suicide?

(-)

Suic6a

Suic6b

Suic6c

Suic6d

[Code up to four]

Please Read

- 01 No one
- 02 A family member or friend
- 03 A crisis hotline or support group
- 04 A therapist or counselor
- 05 A medical provider
- 06 A clergy person
- 07 Another professional
- 08 Other [specify: _____]

Do not read

- 77 Don't know/Not sure
- 99 Refused

Suicide Closing Statement:

If you or anyone you know is feeling depressed or considering suicide, they can get help on the phone by calling the **National Crisis line at 1-800-273-TALK (1-800-273-8255)**. You can also speak directly to your doctor or health provider.

Section 42: State-Added: Mass in Motion [Splits 1, 2, 3]

MiM1

Have you heard anything about the Massachusetts Mass in Motion program?

- 1 Yes
- 2 No [Go to MiM3]
- 7 Don't know/Not sure
- 9 Refused

MiM2

What is the purpose of the Mass In Motion program?

Please read:

- 1 To help people eat healthier diets and be more physically active
- 2 To reduce traffic congestion on our highways

- 3 To raise educational standards for our children
- 4 All of the above

Do not read:

- 7 Don't know/Not Sure
- 9 Refused

MiM3 Compared to last year at this time, do you think your weight has increased some, increased a lot, decreased some, decreased a lot, or stayed about the same?

- 1 Increased some
- 2 Increased a lot
- 3 Decreased some
- 4 Decreased a lot
- 5 Stayed about the same
- 7 Don't know/Not Sure
- 9 Refused

Asthma Call-Back Permission Script [Splits 1, 2, 3]

CATI: if split=1 and (ASTHMA2 = 1 or CASTHDX2 = 1), continue; Else go to next section

CALLBACK We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in **Massachusetts**. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

(422)

- 1 Yes
- 2 No

Can I please have either (your/your child's) first name or initials, so we will know who to ask for when we call back?

_____ Enter first name or initials

Asthma Call-Back Selection

Which person in the household was selected as the focus of the asthma call-back? (423)

- 1 Adult
- 2 Child

Can I please have either (your/your child's) first name or initials, so we will know who to ask for when we call back?

_____ Enter first name or initials

Closing Statement

Please read:

That was my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

Language Indicator

[INTERVIEWER: DO NOT READ THIS TO RESPONDENT]

Lang1. In what language was this interview completed?

- 1 English
- 2 Spanish
- 3 Portuguese

List of Health Problems to Accompany Module 10, Question 3

Lung Problems

- Acute Respiratory Distress Syndrome (ARDS)
- Bronchiectasis
- Bronchopulmonary Dysplasia
- Chronic Obstructive Pulmonary Disease (COPD)
- Cystic Fibrosis
- Emphysema
- Lymphangioleiomyomatosis (LAM)
- Pulmonary Arterial Hypertension
- Sarcoidosis

Kidney Problems

- Chronic Kidney Disease
- Cystitis
- Cystocele (Fallen Bladder)
- Cysts
- Ectopic Kidney
- End-Stage Renal Disease (ESRD)
- Glomerular Diseases
- Interstitial Cystitis
- Kidney Failure
- Kidney Stones
- Nephrotic Syndrome
- Polycystic Kidney Disease
- Pyelonephritis (Kidney Infection)
- Renal Artery Stenosis
- Renal Osteodystrophy
- Renal Tubular Acidosis

Anemia

- Anemia
- Aplastic Anemia
- Fanconi Anemia
- Iron Deficiency Anemia
- Pernicious Anemia
- Sickle Cell Anemia
- Thalassemia

Causes of Weak Immune System

- Cancer
- Chemotherapy

- HIV/AIDS
- Steroids
- Transplant Medicines
- Rheumatoid Arthritis
- Systemic Lupus Erythmatosus (SLE)